

REPORTS INVENTORY						CONTROL NO. DDS/OL/LSD 14	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.)  101 Key Box Status Report					2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA	PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)		
	<input checked="" type="checkbox"/> LOGISTICS		<input type="checkbox"/> SECURITY				
	<input type="checkbox"/> MEDICAL		<input checked="" type="checkbox"/> FINANCE				
4. NO. OF COPIES PREPARED  5		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Quarterly			6. DISTRIBUTION (No. of components not number of copies) D/L; LSD/ LSD/TFB		
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING <input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			9. DIRECTIVE AUTHORITY REQUIRING REPORT  OL/DD/S Direction		
10. PREPARING COMPONENT (include lowest level contributing information to report)  LSD/TFB				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-11.8	\$7.06	2		\$14.12	4		\$56.48
GS-4.3	\$3.00	1		\$ 3.00	4		\$12.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
17 TOTAL COSTS PER YEAR						\$68.48	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  The reports are to be discontinued upon the completion of the installation of the 101 Key Box System by the Telephone Facilities Branch.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS	
See #13.						12 \$68.48	
16. DATE OF INVENTORY 9 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Reports Officer, LSD/OL				18. EXTENSION	

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